Revision: HCFA-PM-91-8

October 1991

(MB)

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OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

Citation

Condition or Requirement

1906 of the Act

State Method on Cost Effectiveness of Employer-Based Group Health Plans

 $\frac{1}{2}$ TN No.  $\frac{92-06}{2}$ Supersedes

Approval Date

5/19/92

Effective Date 1-1-92

TN No. <u>NEW</u>

HCFA ID: 7985E

♥ U.S. Government Printing Office: 1991 - 312-149/40352